

Name in Full

Certificate of Death

*Savella Thompson Barnes*

Town

County

Died at

*Woodlawn*

*Cecil*

MARYLAND

Date *1903* Month *6* Day *22* Age *46* Y. *46* M. *-* D. *-* Native of *Cecil Co* Occupation *Housewife*

~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *-*

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

*Bright's Disease*

How long sick

*3 months*

Death

Immediate

*Insanition*

*Accident, Suicide, Homicide*

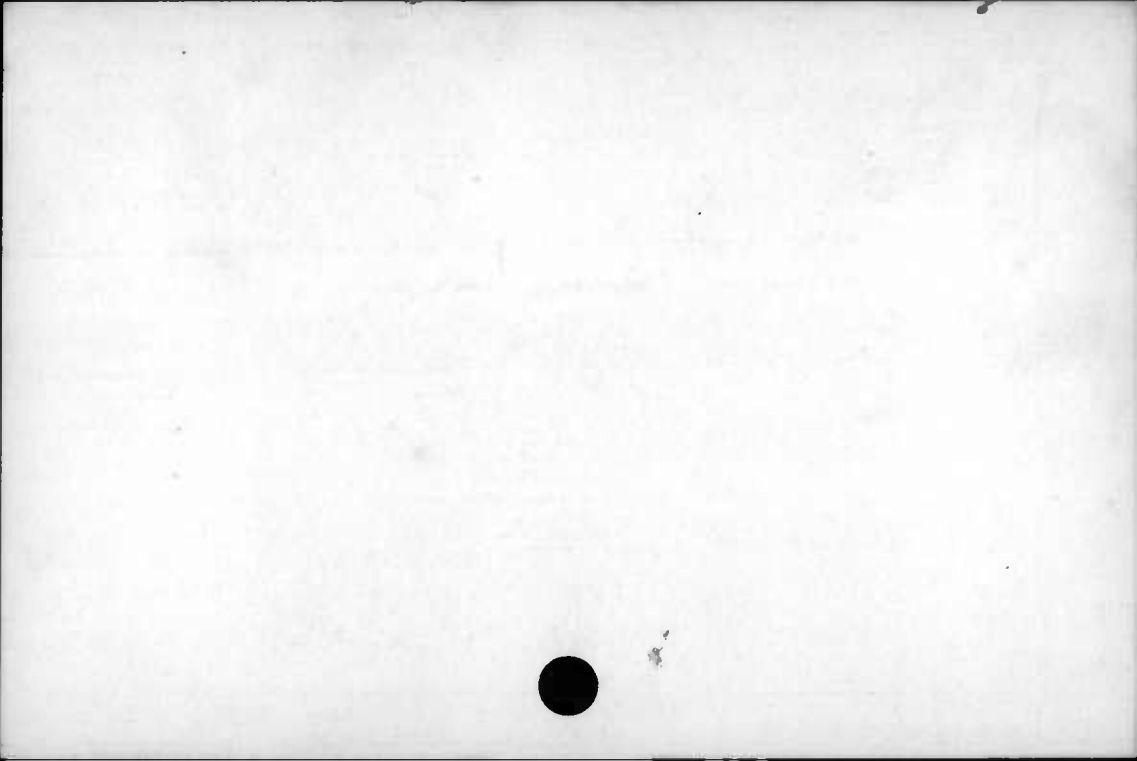
Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Mrs Mary Elizabeth Boulden				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> Chesapeake City		<sup>County</sup> Cecil		MARYLAND	
		Date of death 1903		Month 6		Day 19	
		Age 86		Years 8		Months 18	
		Sex Female		Color or Race White		Birth-place North East Md	
		Married, Single or Widowed Widowed		Occupation Housekeeper			
		Name of Wife or Husband <del>Abraham Bennett</del> Levi Boulden					
		Father's Name Abraham Bennett		Father's Birthplace don't know			
Mother's Maiden Name Esther T. Sharp		Mother's Birthplace Md					
Name of person giving information Annie M Boulden		How related to deceased Daughter					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Paresis		How long about 6 years			
		Immediate Senile exhaustion		How long 3 1/2 months			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W E Marsner			
		Address Physicians					
Accident or Suicide? X							



Name  
in  
Full

Marten Boyer

## CERTIFICATE OF DEATH

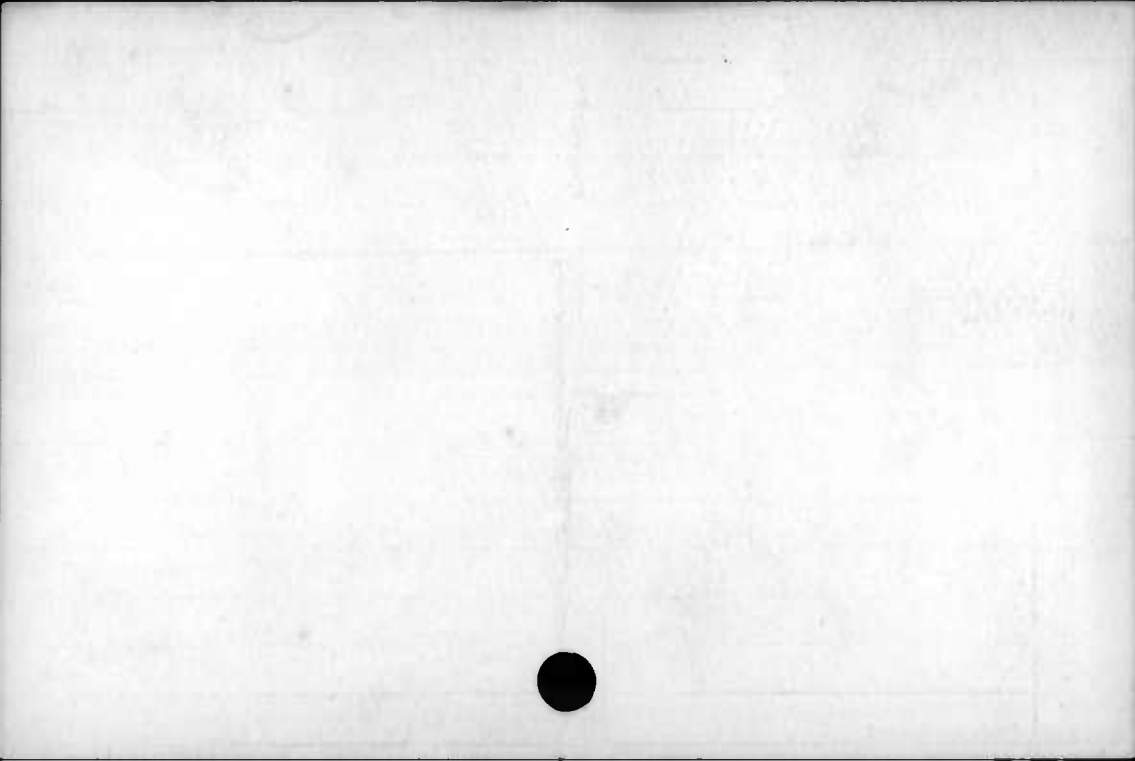
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town - <i>Conowingo 8th Dist.</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>6</i>	Day <i>15</i>	Age <i>21</i>	Years <i>—</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Mongouri Md</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>Labourer</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>John Boyer</i>				Father's Birthplace <i>Mongouri Md</i>			
Mother's Maiden Name <i>Amelia Berry</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Richard Berry</i>				How related to deceased <i>Uncle</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia &amp; Empyema</i>	How long <i>4 1/2</i>
Immediate <i>Tuberculosis</i>	How long <i>Month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. M. Rogan</i>
	Address <i>Conowingo Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

John Brown

237

CERTIFICATE OF DEATH

Died at Colosa Town

Cecil County 6th Dist

MARYLAND

Date 6/23  
of death 1903

Month June

Day Tuesday

Age 72 Years

Months 4

Days 23

Sex Male

Color or  
Race

White

Birth-  
place

Lewisville Pa

Married, Single  
or Widowed

Widower

Occupation

Stone Mason

Name of Wife or  
Husband

Father's  
Name

John Brown

Father's  
Birthplace

Lewisville Pa

Mother's  
Maiden Name

Ann Peterson

Mother's  
Birthplace

Fairhill Md

Name of person giving  
Information

Street Brown

How related  
to deceased

Brother

CAUSES OF DEATH

Primary

Bilateral Hemiplegia

How long

one month

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Ernest Howard

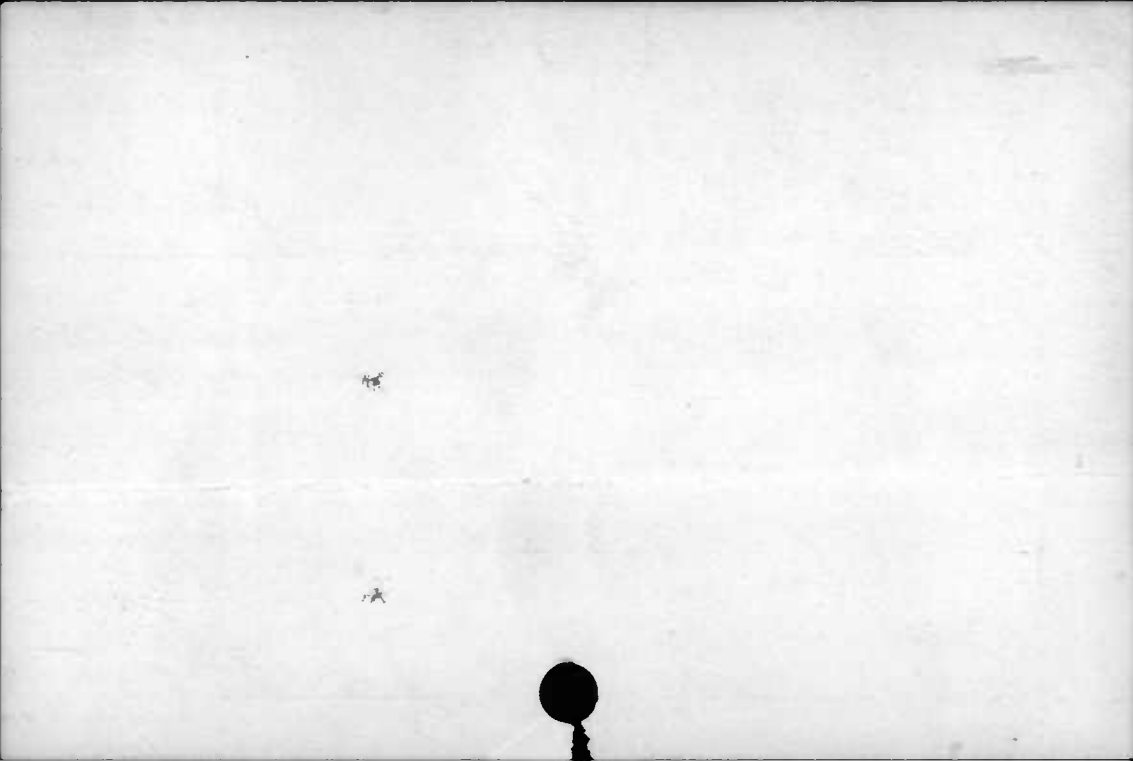
Address

Liberty Groove Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name in Full **Ralph Alphonso Douglass**

CERTIFICATE OF DEATH

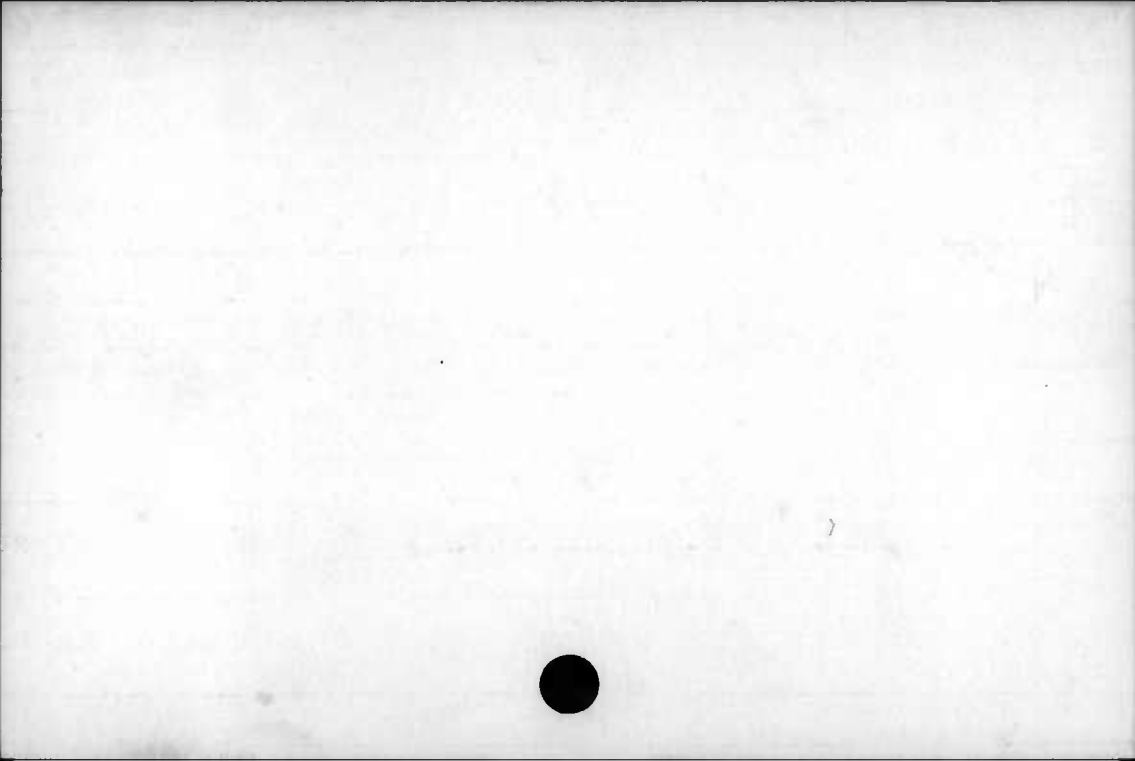
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Cecilton</b>		County <b>Cecil</b>		MARYLAND	
Date of death 190 <b>3</b>	Month <b>6</b>	Day <b>30</b>	Age <b>1</b>	Years <b>3</b>	Months <b>—</b>
Sex <b>male</b>		Color or Race <b>Black</b>		Birth-place <b>Cecilton</b>	
Married, Single or Widowed <b>Single</b>		Occupation <b>34</b>			
Name of Wife or Husband <b>—</b>					
Father's Name <b>Douglas Francis alias William</b>			Father's Birthplace <b>Cecil County</b>		
Mother's Maiden Name <b>Bairny Douglass</b>			Mother's Birthplace <b>Cecil County</b>		
Name of person giving information <b>—</b>			How related to deceased <b>—</b>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Acute miliary tuberculosis</b>	How long <b>Eight weeks</b>
Immediate <b>—</b>	How long <b>—</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>E. W. Crawford</b>
<b>—</b>	Address <b>Cecilton Md</b>
	<b>—</b>
Accident or Suicide? <b>—</b>	



Name  
in  
Full

Boulder B. Dunbar

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Elkton</i>		Town <i>Elkton</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>22</i>	Age <i>43</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Elkton, Md</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Livingman</i>				
Name of Wife or Husband <i>May B. Dunbar</i>							
Father's Name <i>Morris Dunbar</i>				Father's Birthplace <i>near Elkton</i>			
Mother's Maiden Name <i>Mary Boulder</i>				Mother's Birthplace " "			
Name of person giving information <i>Joseph R. McNeal</i>				How related to deceased <i>Father in Law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Accidental Drowning</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Licketta Nelson</i>
	Address <i>Corona Cecil Co</i>
Accident or Suicide? <i>Accident</i>	<i>Elkton, Md</i>



Name  
in  
Full

Esther Heath

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Baldwin		County Cecil		MARYLAND	
Date of death 1907	Month 6	Day 9	Age	Years 3	Months	Days	
Sex	Female		Color or Race	White		Birth- place	Ind
Married, Single or Widowed			Single		Occupation		
Name of Wife or Husband							
Father's Name				Thomas Heath			
Mother's Maiden Name				Rachel Black			
Name of person giving In formation				Thomas Heath			
Father's Birthplace				Ind			
Mother's Birthplace				Ind			
How related to deceased				Father			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Whooping Cough		How long	3 wks
	Immediate	Pneumonia		How long	4 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		
	Signature of Physician		H. Arthur Mitchell MD		
	Address		Elkton Md.		
Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

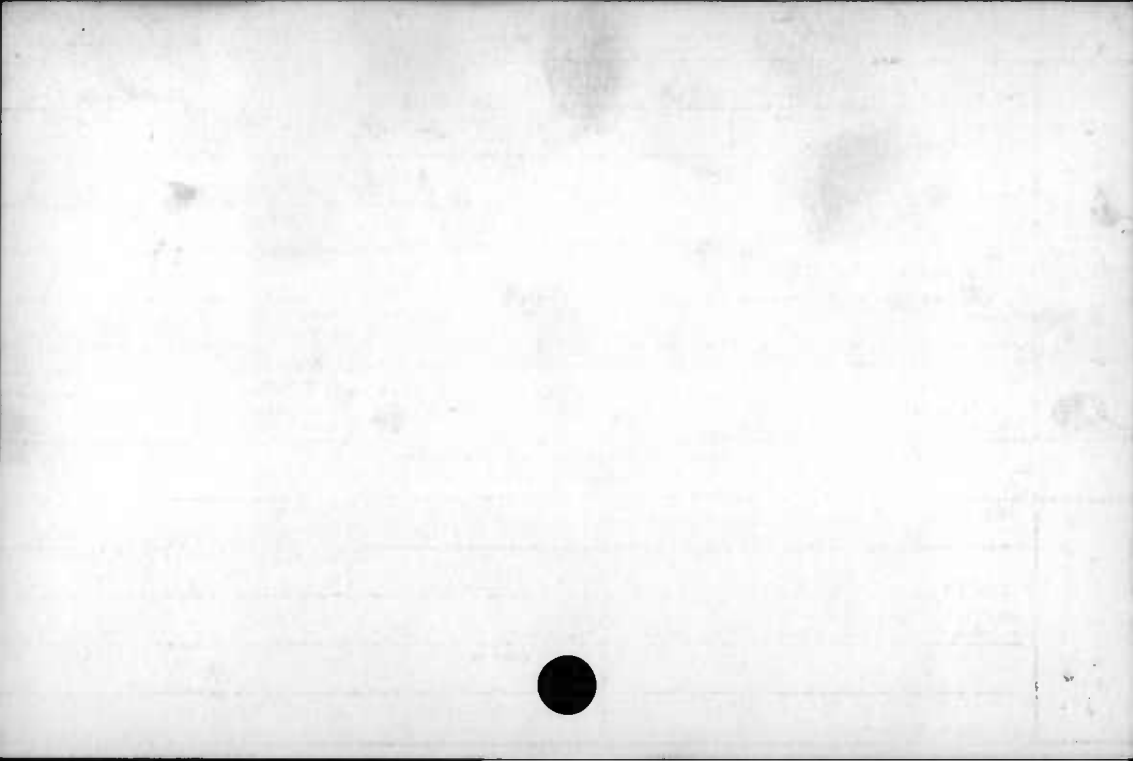
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *John E. Hilliard*  
*Port Deposit* <sup>Town</sup> *Cecil* <sup>County</sup>Date of death 190 *3* <sup>Month</sup> *June* <sup>Day</sup> *2* Age *64* <sup>Years</sup> Months DaysSex *Male* Color or Race *Colord* Birth-place *North Carolina*Married, Single or Widowed *Married* Occupation *Laborer*Name of Wife or Husband *Alice M. Hilliard*Father's Name *—* Father's Birthplace *—*Mother's Maiden Name *—* Mother's Birthplace *—*Name of person giving information *Wife* How related to deceased *Wife*

## CAUSES OF DEATH

Primary *Hemiplegia* *64* How long *2 years*Immediate *Exhaustion* How long *2 weeks*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *H. E. Chism*Address *Port Deposit*Accident or Suicide? *—*PHYSICIAN  
OR CORONER





Name  
in  
Full

Lydia L Holmes

3rd Dist -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baltimore</u> Town		<u>Cecil</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>June</u>	Day <u>9</u>	Age <u>4</u> Years	Months <u>3</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Md</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Leon Holmes</u>			Father's Birthplace <u>Penn</u>		
Mother's Maiden Name <u>Katie Partin</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Leon Holmes</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Whooping cough</u>	How long <u>6 wks</u>
Immediate <u>in mumps</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>[Signature]</u>
Accident or Suicide? <u>—</u>	

18



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

## MARYLAND

Date \_\_\_\_\_

of death 190

Sex

Married, Single  
or Widowed

Name of Wifa or Husband

Father's  
Name

Mother's  
Maiden Name

Name of person giving  
In formation

Town

County

Month

Day

Age

Years

Months

Days

Color or Race

Occupation

Birth-  
place

Father's Birthplace

Mother's Birthplace

How related  
to deceased

### CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

## Accident or Suicide?

LIBRARY BUREAU A85516



Name  
in  
Full

Sarah Jordan

## CERTIFICATE OF DEATH

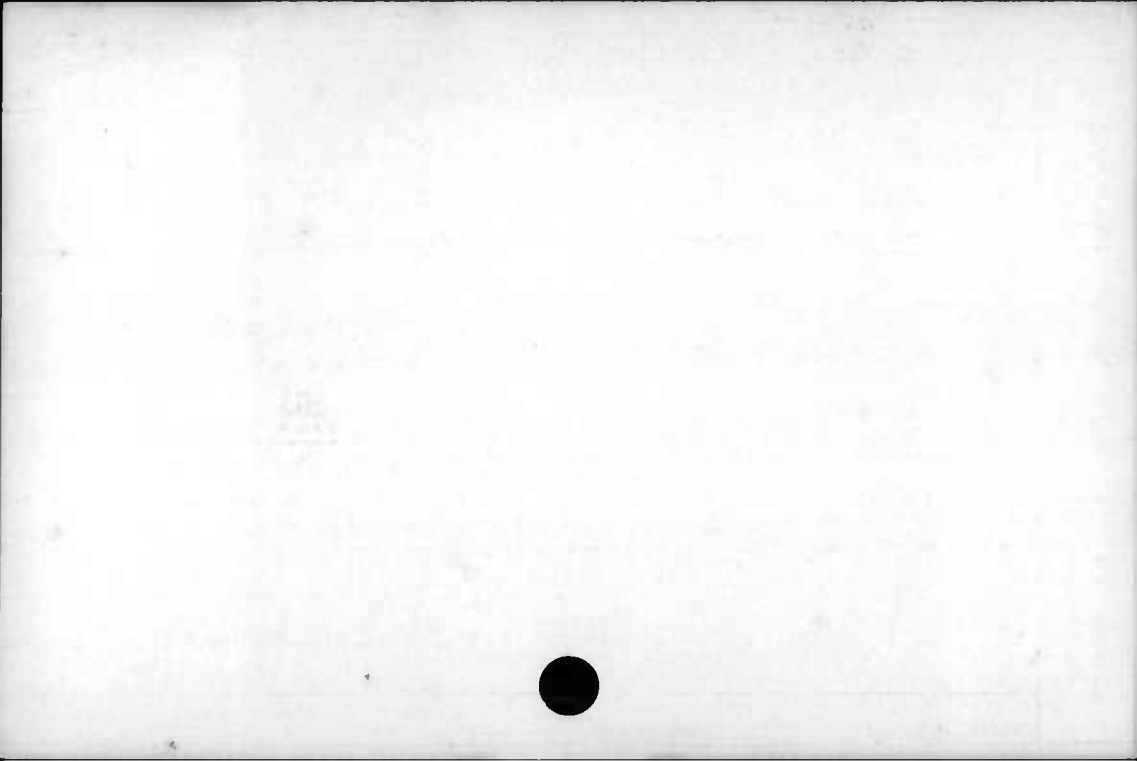
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Port Deposit</i>		County <i>Cecil</i>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>16</i>	Age <i>70</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>—</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>Housework</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Elizabeth Jones</i>			How related to deceased <i>Niece</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	How long <i>Unknown</i>
Immediate <i>120</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. G. Fisher</i>
<i>C</i>	Address <i>Port Deposit, Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Florence A Ray 3 dish-

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baltimore</u> Town		County <u>anne</u>		MARYLAND	
Date of death 190 <u>3</u> Month <u>June</u> Day <u>6</u>	Age <u>2</u> Years	Months <u>—</u>		Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Pa</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>—</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>Alfred T Ray</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Hettie Moore</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Alfred T Ray</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Whooping Cough</u>	How long	<u>2 weeks</u>
Immediate	<u>Bronchopneumonia</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. D. Whitaker</u>	
Address <u>Cherry Hill</u>		<u>Ind</u>	
Accident or Suicide? <u>No</u>			

6L





Name  
in  
Full

Nancy E. Linton

## CERTIFICATE OF DEATH

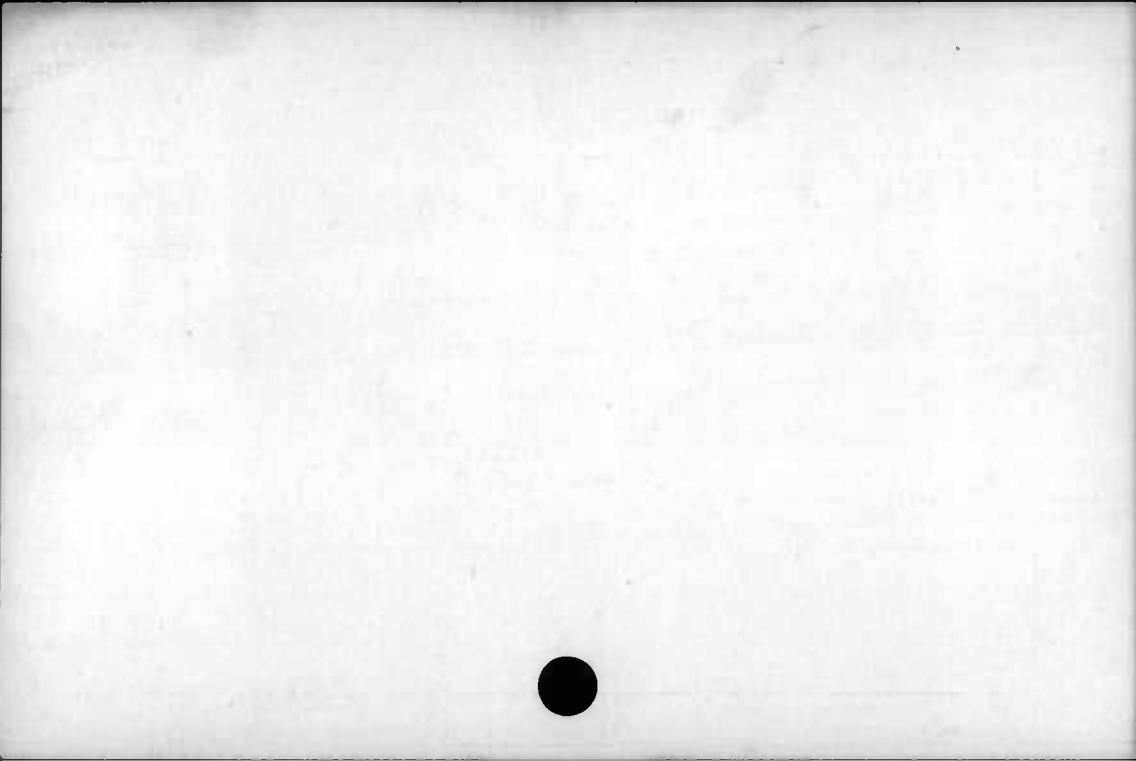
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 1903		June		24		Age 39	
Sex		Color or Race		Birth-place			
Female		White		Cecil Co			
Married, Single or Widowed		Occupation					
Married							
Name of Wife or Husband							
Wm Linton							
Father's Name		Father's Birthplace					
John Wm		Cecil Co					
Mother's Maiden Name		Mother's Birthplace					
Martha Rutter		.. ..					
Name of person giving information		How related to deceased					
Wm Linton		Husband					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	Year
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. M. Stamp
		Address	Perryville Md.
Accident or Suicide?			



Name  
in  
Full

George Christie Logan Jr

## CERTIFICATE OF DEATH

Died at

Rowlandville

Town

County

Cecil

8th Div

MARYLAND

Date

of death 1903

Month

June

Day

11th

Age

Years

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Rowlandville

Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

Geo. C. Logan

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Clara B. Riley

Mother's  
Birthplace

Maryland

Name of person giving  
information

Geo. C. Logan

How related  
to deceased

Father

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary

Still Born

How long

Immediate

Still Born

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

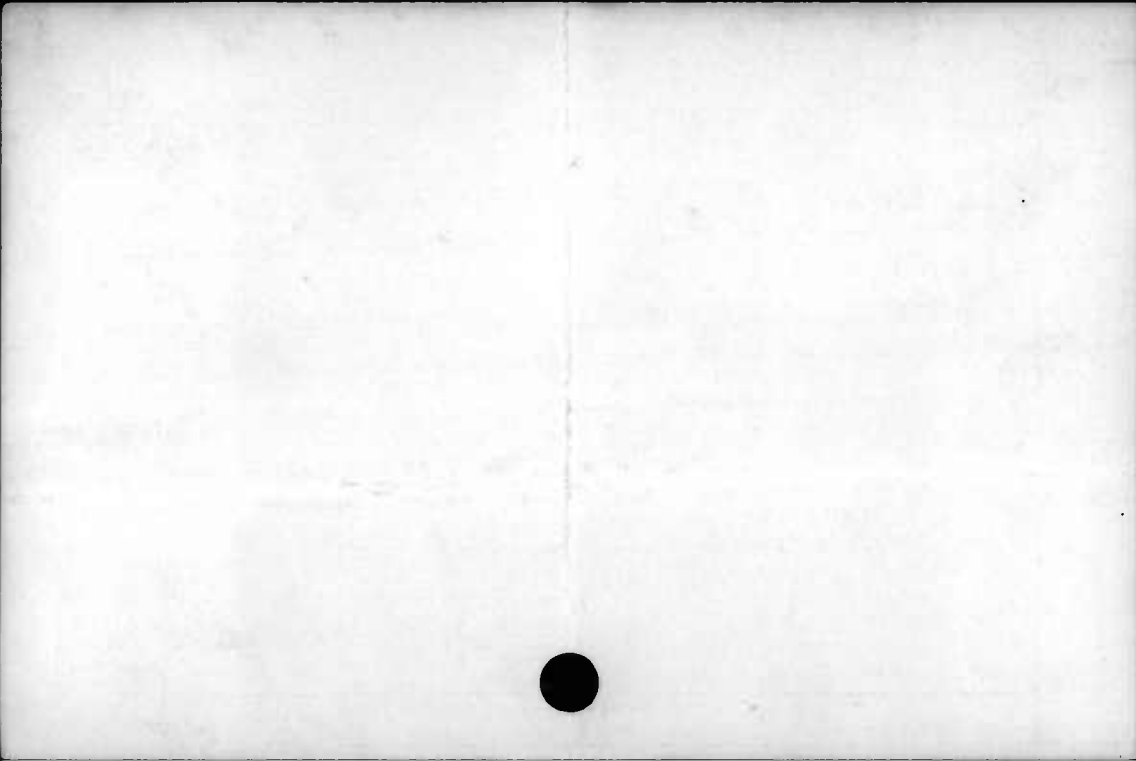
J. E. Chesser

Address

Port Deposit, Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Dorothy Elliott McDowell

## CERTIFICATE OF DEATH

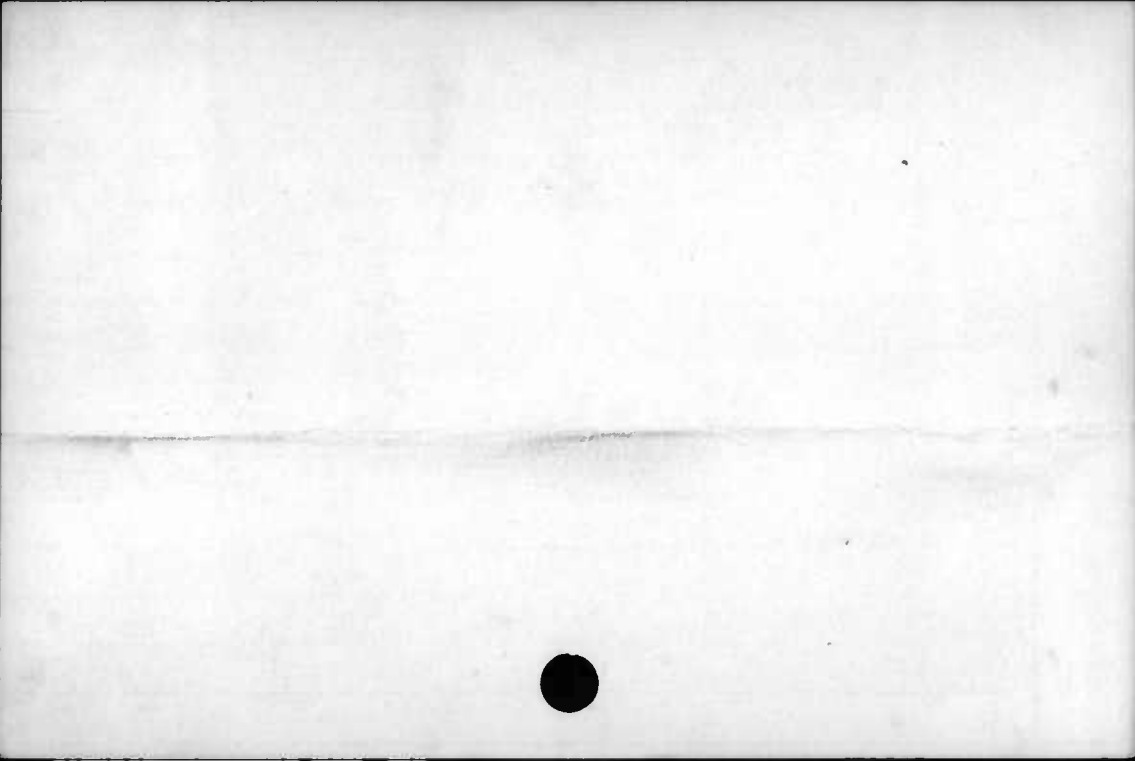
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Conowings</u> <sup>Town</sup>		<u>Beck</u> <sup>County</sup>		<u>8th</u> <sup>St.</sup>		MARYLAND	
Date of death 190 <u>3</u>	<u>June</u> <sup>Month</sup>	<u>7</u> <sup>Day</sup>	Age	Years	Months	Days	
Sex <u>Girl</u>	Color or Race <u>White</u>		Birth-place <u>Conowings</u>				
<del>Married, Single or Widowed</del>			Occupation <u>none</u>				
<del>Name of Wife or Husband</del>							
Father's Name <u>E B McDowell</u>				Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Maggie A Blair</u>				Mother's Birthplace <u>Phil Pa</u>			
Name of person giving information <u>E B McDowell</u>				How related to deceased <u>Father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>                    </u>	How long <u>                    </u>
Immediate <u>Still Born - J</u>	How long <u>                    </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>S. J. Roman</u>
	Address <u>Conowings</u>
	<u>Maryland</u>
Accident or Suicide? <u>                    </u>	



Name  
in  
Full

Giannini Mobile

## CERTIFICATE OF DEATH

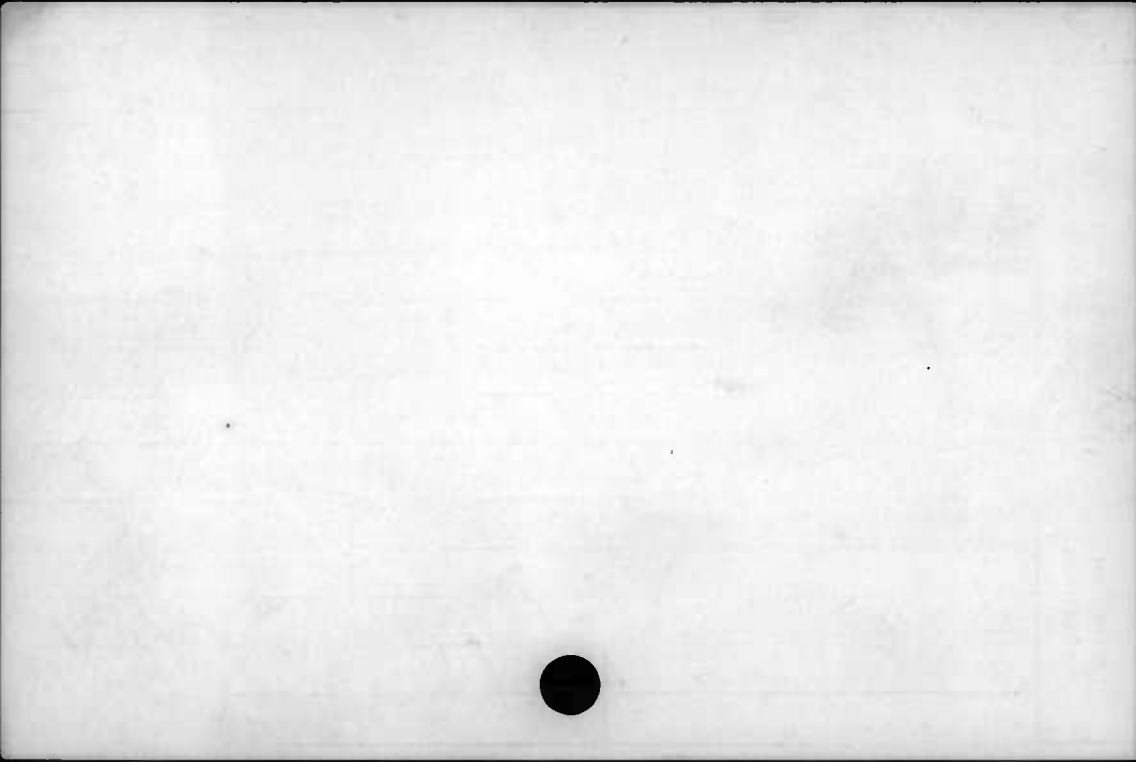
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Principin</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death 190	<i>3</i> Month <i>June</i>	Day <i>29</i>	Age <i>40</i> Years	Months <i>4</i>	Days <i>8</i>
Sex <i>male</i>	Color or Race <i>Italian</i>	Birth-place <i>St. Giorgio Italy</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborman for Spence &amp; Sons</i>			
Name of Wife or Husband					
Father's Name <i>Arcangilo Mobile</i>			Father's Birthplace <i>Italy</i>		
Mother's Maiden Name <i>Guadagnu Luisa</i>			Mother's Birthplace <i>Italy</i>		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Killed by Car</i>	How long	<i>166</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. S. Bowley</i>	
		Address <i>Clinton Md.</i>	
Accident or Suicide? <i>Accidental</i>			





Name in Full		Harry Nowland				4 Dist		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> <i>Cowens town</i>				County <i>Cecil</i>		MARYLAND	
		Date of death 190 <i>3</i>		<sup>Month</sup> <i>June</i>		<sup>Day</sup> <i>6</i>		<sup>Years</sup> <i>—</i>	
		Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>		<sup>Months</sup> <i>—</i> <sup>Days</sup> <i>5</i>	
		Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
		Name of Wife or Husband <i>—</i>							
		Father's Name <i>E. S. Nowland</i>				Father's Birthplace <i>md</i>			
PHYSICIAN OR CORONER		Mother's Maiden Name <i>Mollie Scott</i>				Mother's Birthplace <i>md</i>			
		Name of person giving information <i>E S Nowland</i>				How related to deceased <i>Father</i>			
		CAUSES OF DEATH							
		Primary <i>Tetanus</i>				How long <i>24 hours</i>			
		Immediate <i>—</i>				How long <i>—</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>J. S. Whelan</i>			
		Address <i>Cherry Hill</i>				<i>md</i>			
		Accident or Suicide? <i>—</i>							

08



Charles Pierce  
 Town County

MARYLAND

Died at near Ellettsville Ind. Y. M. D. Native of Occupation

Date 19 6 30 Age 26 Ind  
 Male yes White Married Widow Divorced  
 Female Colored yes Single yes Widower Number of children living

Husband of

Wife

Father's  
 Name

Mother's  
 Maiden Name

Cause of Death { Primary Gen. Tuberculosis  
 Immediate  
 How long sick 6 mo +  
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Martha Ann Rogers

Town

County

MARYLAND

Died at

Date

1903

Month

Day

Age

M.

D.

Native of

Occupation

June 12

59 7 7

Pa

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Name

Howard Rogers

John Hooker

Melinda Grier

Cause of

Primary

Death

Immediate

Ja Quiffer

Bright Disease

How long sick

20 Weeks

Accident, Suicide, Homicide

Reported by

L. A. Richardson M.D.

Address

Colver -

M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Margareh A Ross

3rd dist-

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Marley Mills*<sup>County</sup> *Cecil*

MARYLAND

Date

of death 1903

Month

*June*

Day

*16*

Age

Years

*1*

Months

*3*

Days

Sex

*Female*Color or  
Race*white*Birth-  
place*md*Married, Single  
or Widowed*Single*

Occupation

*child*Name of Wife or  
Husband*[Signature]*Father's  
Name*Wm. H. Ross*Father's  
Birthplace*md*Mother's  
Maiden Name*Elizabeth J Miller*Mother's  
Birthplace*md*Name of person giving  
In formation*Elizabeth J Miller*How related  
to deceased*mother*

## CAUSES OF DEATH

Primary

*Whooping Cough*

How long

*3 weeks*

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Jas. J. Whitaker*

Address

*Cherry Hill**md.*

Accident or Suicide?

*9*PHYSICIAN  
OR CORONER

28





Name  
in  
Full

Mary Rue

## CERTIFICATE OF DEATH

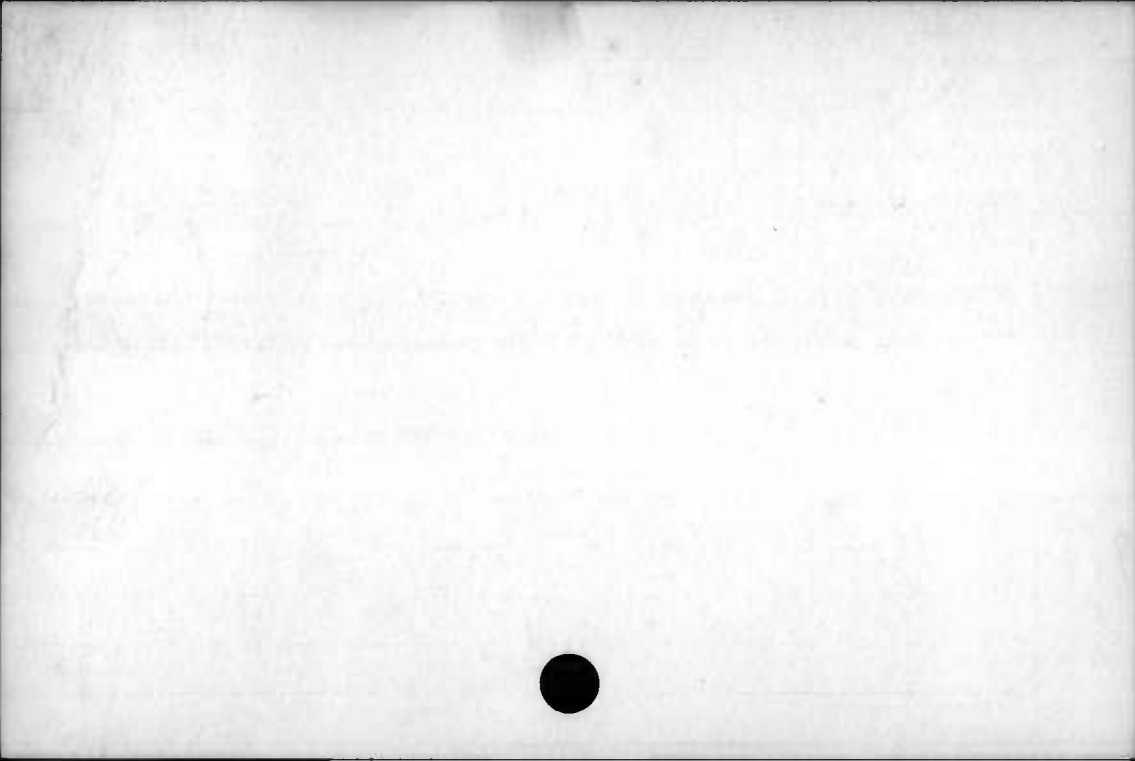
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Seektown</i>		County <i>Beecil</i>		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 1903	<i>June</i>	<i>22</i>	Age <i>33</i>				
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Wif</i>
Married, Single or Widowed	<i>Married</i>			Occupation	<i>—</i>		
Name of Wife or Husband	<i>Wm Rue</i>						
Father's Name	<i>Benj Bush</i>					Father's Birthplace	
Mother's Maiden Name	<i>Mary Rusty</i>					Mother's Birthplace	
Name of person giving information	<i>—</i>					How related to deceased	<i>Brother</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Consumption</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm S Cawley</i>		
	Address <i>Elkton Md</i>		
Accident or Suicide?	<i>J</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

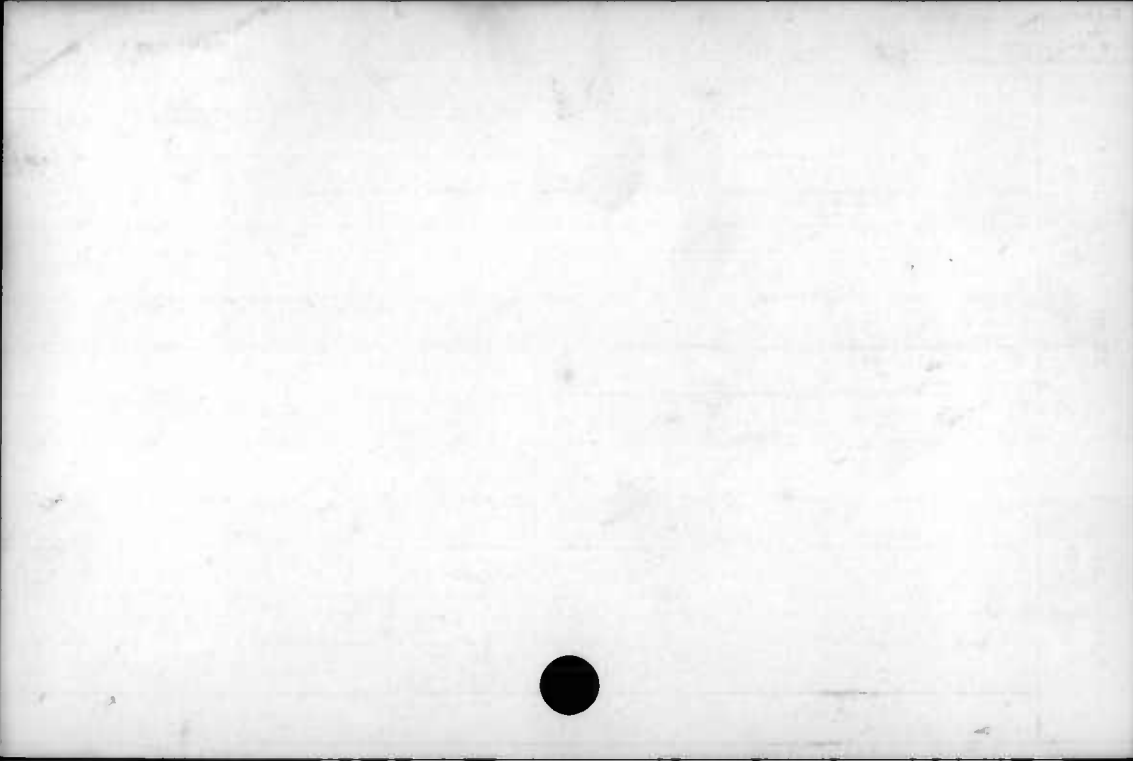
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Perryville</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death 190	Month <i>June</i>	Day <i>15</i>	Age <i>—</i>	Months <i>—</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Perryville</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Alexander Sentman</i>			Father's Birthplace <i>Cecil Co</i>		
Mother's Maiden Name <i>Addie Gillispie</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Alexander Sentman</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Heart disease</i>	How long	<i>One day</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. M. Stump</i>
		Address	<i>Perryville Md</i>
Accident or Suicide?			



Name in Full

Certificate of Death

John T. Smith  
 Died at Oakwood Town Becil County MARYLAND

Date 1903 June 30 Month Day Y. M. D. Native of U.S. Occupation Farmer  
 Male White Married Widow Divorced  
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 9

Husband of Mary Smith  
 Father's Name John Smith Mother's Name Nellie Smith  
 Cause of Death { Primary Paralysis How long sick 10 days  
 Immediate " 66 Accident, Suicide, Homicide

Reported by Geo. W. Gillespie M.D.  
 Address Pleasant Grove Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

*Illegitimate 3rd birth*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Andora</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	<i>June</i> <sup>Month</sup>	<i>13</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>5</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>md</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Child</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>Emma Fay Lee</i>				Mother's Birthplace <i>md</i>	
Name of person giving information <i>Emma Fay Lee</i>				How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Morasmus</i>	How long <i>3 weeks</i>
Immediate	How long <i>105</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. S. Whitaker</i>
	Address <i>Cherry Hill Md</i>
Accident or Suicide?	

82





Name In Full

Certificate of Death

Lidia H Thompson

Town

County

6th Dist

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 03

6 12

Age 39

Maryland

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

5

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Tuberculosis Pulmonum

How long sick

10 Months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name  
in  
Full

Williams Colores

## CERTIFICATE OF DEATH

Died at

Elkton

Town

County

MARYLAND

Date

of death 190

3

Month

6

Day

10

Age

Years

30

Months

Days

Sex

Female

Color or  
Race

Colores

Birth-  
place

Del

Married, Single  
or Widowed

Married

Occupation

Name of Wife or  
Husband

Edward Williams

Father's  
NameFather's  
BirthplaceMother's  
Maiden Name

Mary Wood

Mother's  
BirthplaceName of person giving  
In formation

Mrs Wilson

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Tuberculosis of Lungs

How long

6 mo (?)

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

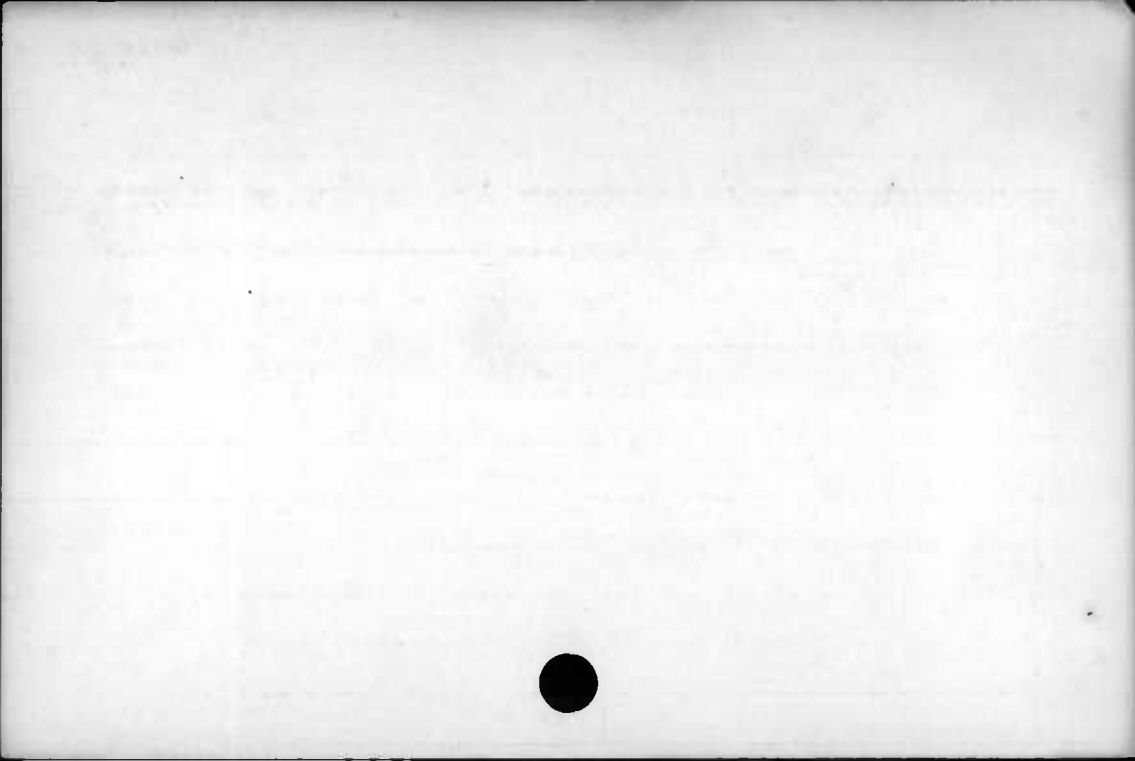
H. Arthur Mitchell M.D.

Address

Elkton Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Bertha Young.

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

6

30

Age

-

4-3

Md

-

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

4 days

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

